San Luis Obispo County Health Agency

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Public Health Bulletin

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State Looking for Sentinel Providers for Flu Season

Seasonal influenza is a significant cause of illness and death in California each year. Influenza viruses are constantly mutating and routine surveillance improves the ability to monitor the circulation of influenza virus strains in the community. The California Sentinel Provider Influenza Surveillance Program is a partnership between clinicians, local health departments (LHDs), the California Department of Public Health (CDPH), and the federal Centers for Disease Control and Prevention (CDC) to conduct surveillance for influenza-like illness (ILI).

Sentinel providers assist CDPH and CDC with developing influenza prevention and control strategies and with selecting the virus strains to be included as components of the vaccine. Surveillance for influenza aids with the detection of new subtypes and emerging strains of influenza viruses, which is an important element of preparedness for pandemic influenza.

Physicians, physician assistants, and nurse practitioners from any specialty and any practice type are invited to enroll. More sentinel sites are needed in all areas of the

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Introducing San Luis Obispo County's New Health Officer

It is with a mixed outlook that I write my inaugural column for the Public Health Bulletin. I am very excited to have relocated to such a beautiful, welcoming community, with an array of riches embodied in the comprehensive network of health care providers and facilities, dedicated and highly competent public health staff, and an engaged, knowledgeable public. Yet, just as I arrived, public health financing has naturally gone the way of the global economy. As such, the ability to systematically assess and pro-actively address the County's public health needs will be more challenging than the prospects I felt upon departing the east coast just two months ago.

Notwithstanding some budgetary doom and gloom, I anticipate that by harnessing the commitment and creativity of all involved in the health care world, we will be able to weather the storms and stay focused on the most pressing health needs of our residents. The Community Health Status Report, SLO County Public Health Department, July 2008, provides a timely marker for guiding health improvement plans and actions. If you have not had a chance to read it, feel free to contact our offices to get a copy. At a glance, some health care measures where we are missing the mark are in the proportion of residents who are at a healthy weight, the prevalence of asthma, adequacy of prenatal care, and some sexually-transmitted infection rates. I hope to tackle these and other important public health parameters in the coming months and years.

Finally, a bit about myself... I grew up on Long Island and attended Cornell University and medical school at SUNY Health Sciences Center at Syracuse. After a pediatrics internship in Hartford, Connecticut, I completed a masters of public health from Johns Hopkins and a preventive medicine residency. Over the next 16 years, I held various positions in the Mid-

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Highlights in this Issue:

Public Health Department newsletters can also be accessed online at the Public Health Department Web site www.slopublichealth.org (click on *Public Health Bulletins* at the bottom of the home page).

Health Officer (cont.)

Atlantic region including assistant commissioner for the Baltimore City Health Department and health officer for Howard County, Maryland. I also cherish the opportunities I had to simultaneously practice pediatrics as a partner in an evening practice for low-income children and as adjunct faculty at the Johns Hopkins School of Public Health.

I look forward to meeting and learning from many of you and to working together toward an even healthier San Luis Obispo County.

Children to Receive Flu Vaccinations Free on Dec. 11

To raise awareness about the value of vaccinating children—especially high-risk children—and their close contacts, free flu mist vaccinations will be given at the SLO Children's Museum at 1010 Nipomo Street in San Luis Obispo, on December 11 from 1-4 p.m.

National Influenza Vaccination Week

December 8- 14 is National Influenza Vaccination Week. This event is designed to highlight the importance of continuing influenza (flu) vaccination with a focus on vaccinating high-risk children, as well as to foster greater use of flu vaccine through the months of November, December and beyond. Each year, more than 20,000 children in the U.S. under 5 are hospitalized as a result of influenza.

2008-9 Children's Influenza Vaccine Recommendations Have Been Expanded

The Centers for Disease Control (CDC) published "Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2008" in the August 8 MMWR Recommendations and Reports. The 2008-09 ACIP influenza vaccination recommendations have been expanded to include annual vaccination for all children and teens ages 6 months through 18 years. The previous recommendation was for those under age 5. Where possible, vaccinations for the expanded age groups should begin during the 2008-09 influenza season, but should be routine no later than the 2009-10 influenza season.

A PDF version of the influenza recommendations can be found at www.cdc.gov/mmwr/pdf/rr/rr5707.pdf. The Vaccine Information Statement for influenza vaccine can be found www.cdc.gov/vaccines/pubs/vis/.

CDC Issues Guidance on Use of the New Pentacel with Pediarix Vaccines

The document "Guidance on the Use of Pentacel and Pediarix, August 2008" was recently posted on CDC's Vaccines & Immunizations Web section. Pentacel, a combination DTaP-IPV-Hib vaccine, was recently approved by FDA; Pediarix is a combination DTaP-IPV-Hep B vaccine.

Intended for health care professionals, the document discusses the use of Pentacel during the current Hib vaccine shortage. In brief, Pentacel should not be used as a substitute for single antigen Hib requirements. Guidance is included on schedules for integrating Pentacel, Pediarix, and the single-antigen series for Hep B, Hib, IPV, and DTaP vaccines for healthy children.

To access "Guidance on the Use of Pentacel and Pediarix," visit www.cdc.gov/vaccines/pubs/downloads/pentacel-guidance.pdf.

Lab Test Requisitions Simplified

Starting August 1, the county Public Health Laboratory will maintain a single test record for all specimens and test orders received as a single requisition submission. The laboratory has ceased the practice of separate test records and reports for each test order and specimen. With this change, it is no longer necessary for submitting agencies to make out separate requisitions for each category of testing. For example, if you collect and wish to submit a urine specimen for Chlamydia-Gonorrhea amplification test, an oral fluid specimen for HIV antibody and a serum specimen for syphilis serology, mark the patient's name on each specimen with the date of collection, fill in the patient information on a single requisition and mark the appropriate check boxes corresponding to the three test orders. You will receive a single report and a single claim will be rendered to the payer.

Reporting Select Agent Identifications

Reporting identified cases of select agent infection is the responsibility of every diagnostic laboratory, even for naturally-acquired infections. Upon the "identification" of a biological select agent, the clinical or public health laboratory performing the testing must report to the CDC Select Agent Program. While not expressly defined in the Select Agent rule, "identification" is consistent with isolation and identification; i.e., the agent can be propagated, grown in culture. "Confirmation" is consistent with the battery of tests performed on a viable culture isolate by Laboratory Response Network (LRN) laboratories such as the SLO Public Health Laboratory. Few diagnostic laboratories can perform the testing to conclusively identify select agents. However, if you do perform that testing, it is your lab's responsibility to report the finding to the CDC Select Agent Program at www.cdc.gov/od/sap/

Alternatively, if a clinical laboratory makes a presumptive identification of one of these agents (especially agents of plague, anthrax, tularemia, brucellosis, and coccidioidomycosis) and rapidly refers a culture isolate and/or specimens to the SLO Public Health Laboratory, we will perform the necessary reporting for a confirmed identification.

If you retain a culture when you refer an isolate to the SLO PHL and it is confirmed as a select agent, and your laboratory does not have a select agent certification for the agent you have recovered – **you must destroy all cultures within seven days of the report or transfer to the SLO Public Health laboratory any and all remaining cultures or stocks of the isolate**. Your destruction of the isolate must be reported to the CDC Select agent program using Form 4. Your laboratory will be in violation of federal law if you maintain a select agent isolate in your stock culture collection if you are not authorized to do so under a select agent registration that specifically authorizes your laboratory to possess that particular species of organism. For more information call Dr. Jim Beebe at 781-5512 or e-mail jbeebe@co.slo.ca.us. However, IF you refer all cultures of the probable select agent to the SLO Public Health Laboratory and have no cultures or banked isolates at the time you receive the report from our laboratory that the agent was confirmed, you have no CDC report to submit.

A positive result of a PCR, EIA or other test that does result in the cultivation of the agent should not be considered an "identification." We request that your laboratory refer presumptively positive specimens to the SLO Public Health Laboratory so that we can culture and isolate the agent.

The most common select agent submitted for confirmation to the SLO Public Health Laboratory is coccicidoides immitis/posadasii. Confirmed isolates of this agent are retained for a minimum of six months by the SLO Public Health Laboratory to allow referral of the isolate for antifungal agent susceptibility testing if the medical condition of the patient warrants such testing. Transfers of such isolates to a specialty testing laboratory must be arranged and approved by the CDC Select Agent program in advance of the transfer.

Occupational Exposures to Select Agents

Handling select agents such as cultures of live, virulent brucella species under open bench conditions (BSL-2) can be considered an occupational exposure—also reportable to the CDC Select Agent program. For example, if your laboratory refers a slow-growing, gram-negative coccobacillary organism to the SLO Public Health Laboratory that is subsequently reported to you as a brucella species, it is recommended that the supervisor review handling of the isolate, including the procedures used to presumptively identify the isolate. Use of rapid identification systems that require preparation of suspensions of the agent, vortexing, aspirating or pipetting or injecting isolate suspensions on the open bench without use of a biosafety cabinet and other biosafety precautions may constitute a biohazard exposure that might result in a laboratory-acquired infection.

Change to Public Health Laboratory Testing Fees

The Public Health Laboratory has adjusted fees for testing as of July 1, 2008. For your reference, the laboratory Web site is www.slocounty.ca.gov/health/healthtesting/laboratory.htm Please contact the public health laboratory, Dr Jim Beebe, 781-5512 or jbeebe@co.slo.ca.us if you have any questions about testing or fees.

Sentinel Providers for Flu Season Sought (continued)

state, especially in the large cities and major metropolitan areas. Providers who specialize in geriatrics or whose patients are mainly in the > 65 years age group are underrepresented among sentinel providers. More providers who see older patients are needed to reflect the age distribution of the population in the state.

Sentinel providers report the number of patients seen with ILI in four age categories and the total number of patients seen for any reason. Reports are submitted on a weekly basis to the CDC by fax or an Internet-based reporting system. Materials to collect and ship patient specimens to the Viral and Rickettsial Disease Laboratory (VRDL) at CDPH are provided at no cost to the provider. Rapid antigen or PCR testing, culture, typing and subtyping are performed by VRDL. Results from testing performed at VRDL are sent to the providers as soon as they are available.

For more information, visit the California Department of Public Health Sentinel Provider Web page at ww2.cdph.ca.gov/PROGRAMS/VRDL/Pages/CaliforniaSentinelProviderProgram.aspx. The site also has an enrollment form for providers to mail or fax in.

Current Shortage of Hib Vaccine Prompts New Guidelines

Currently, there is a shortage of Hib vaccine in the U.S. Normally an infant receives this vaccine at 2, 4, 6 months and a booster at 12-15 months. The ACIP/AAP/AAFP recommends until further notice, providers should defer the administration of the booster Hib vaccine dose usually given at age 12-15 months unless the child is in a high risk category: children with asplenia, sickle cell disease, immunodeficiency such as HIV infection, malignant neoplasms, or American Indian/Alaskan Native children.

Some 386,000 deaths from haemophilus influenzae type b (Hib) were reported annually worldwide in children 5 and under in 2004-7.

Hib is estimated to cause three million cases of meningitis and severe pneumonia in children under 5 worldwide. Before the vaccine was licensed in 1985, it was estimated that 20,000 cases occurred annually in the U.S., primarily among children younger than 5. Today with the Hib vaccine, only 2,304 cases were reported in 2005 and no deaths.

Accurate Test Results Depend on Proper Collection, Transport

The test result is only as good as the specimen collected. This adage is well known by laboratory experts as well as agencies they serve. The public health laboratory can only maximize testing for whatever has been submitted. Collection made at a sub-optimal anatomic site, specimens that are kept too long before submission, temperature abuse and inappropriate transport preservatives or conditions can prevent the lab from obtaining the results you seek.

For instance, did you know that the blood specimens collected for the Quantiferon test must be shaken quite vigorously after collection, for up to 10 seconds, to ensure that the chemicals in the tube can stimulate white cells to produce interferon? Without the vigorous shaking, we will receive blood tubes that will likely render a result of "indeterminate," meaning no result at all.

If you need an instruction protocol for collection and transport of any specimen, please call the laboratory at 781-5507 for assistance.

All Hazards Preparedness Workshop Set for February 2009

On February 26-27, 2009, state experts will present a series of topics featuring incident response, occupational and environmental health, food safety in California, bioterrorism agents, a table-top exercise for emergency response to an incident of agroterrorism food safety, safe drinking water preparedness, explosive devices and radiological device dispersion, and response to a pesticide dispersal, and more. This workshop is for laboratory workers, clinical and public health specialists, hazmat team members, emergency medical staff, animal health specialists, agricultural experts and others.

San Luis Obispo County Reported Cases of Selected Communicable Diseases - Fall 2008

Disease	Jan. - June	July	August	September	Total 2008	Total 2007
AIDS/HIV	2/9	0/1	0/0	0/2	2/12	9/27
Amebiasis	**1**	**0**	**0**	**0**	1	0
Brucellosis	0	0	0	0	0	0
Campylobacteriosis	**14**	**12**	**7**	**3**	**36**	**49**
Chlamydial Infections	325	47	55	19	446	629
Coccidioidomycosis	**38**	**5**	**5**	**6**	**54**	**113**
Cryptosporidiosis	4	1	3	0	8	18
E. Coli	**5**	**1**	**0**	**0**	**6**	**4**
Giardiasis	1	0	0	3	4	7
Gonorrhea	**21**	**1**	**2**	**1**	**25**	**48**
Hepatitis A	10	1	0	1	12	2
Hepatitis B	**22**	**0**	**5**	**4**	**31**	**28**
Hepatitis C Acute	2	2	1	1	6	3
Hepatitis C Chronic	**550**	**85**	**129**	**71**	**835**	**366**
Hepatitis, Unspecified	0	0	0	0	0	0
Listerosis	**0**	**0**	**0**	**0**	**0**	**0**
Measles (Rubeola)	0	0	0	0	0	0
Meningitis - Total	**11**	**5**	**5**	**2**	**23**	**9**
Meningitis - Viral	8	4	4	2	18	17
Meningitis, H-Flu	**0**	**0**	**0**	**0**	**0**	**1**
Meningococcal Disease	0	0	0	0	0	0
MRSA	**2**	**0**	**0**	**0**	**2**	**UNK**
Pertussis	11	3	0	0	14	16
Rubella	**0**	**0**	**0**	**0**	**0**	**0**
Salmonellosis	8	4	3	5	20	26
Shigellosis	**1**	**0**	**1**	**0**	**2**	**4**
Syphilis - Total	25	6	5	1	37	16
Tuberculosis	**0**	**0**	**0**	**0**	**0**	**2**
West Nile Fever	0	0	0	0	0	0
W. Nile Virus Neuroinvasive	**0**	**0**	**0**	**0**	**0**	**0**

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